



# **System and Payer Controls – System Documentation**

Non-browser, Instructions  
EDS - Project Number NCH00010

**Version 1.0**

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Information Technology Section  
North Carolina Division of Mental Health, Developmental Disabilities  
And Substance Abuse Services  
**APS Manual 1017**

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## Table of Contents

<b>1. INTRODUCTION .....</b>	<b>1</b>
<b>2. SCOPE .....</b>	<b>2</b>
<b>3. ACRONYMS AND TERMS/ABBREVIATIONS .....</b>	<b>3</b>
<b>4. NON-BROWSER COPYBOOKS, FUNCTIONS, AND INTERFACE (SE/MAINFRAME) .....</b>	<b>4</b>
4.1 Components .....	4
4.1.1 System and Payer Controls .....	4
4.1.1.1 Copybook HMPY4101 .....	4
4.1.1.2 Data Element Definitions .....	7
<b>DOCUMENT CHANGE LOG .....</b>	<b>15</b>



## 1. INTRODUCTION

This project is to develop an Integrated Payment and Reporting System (IPRS) for the North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SA). The division will use the IPRS to process, track, pay, and report on all claims submitted by providers for services rendered to its constituent population. Billing providers will submit a single claim to the State, and the division's IPRS will pay the claim from the appropriate funding sources, including Medicaid, "Pioneer", Thomas S., Willie M., Special Populations, Mental Retarded (MR)/Mentally Incapacitated (MI) and capitated risk contracts. The system is designed to provide the division, Local Managing Area (LMA)s, and area programs with "seamless integration" of DMH and Division of Medical Assistance (DMA) client, provider, prior authorization and claims data for eligibility lookup and claims filing processing and payment.

DMH/DD/SA services respond to the mental health, developmental disability and substance abuse needs of the people of North Carolina with a variety of programs and services. This division is responsible for administering federal and state funds designated for MH/DD/SA services, operating the State institutions, ensuring area programs meet funding requirements for Federal and State aid, and administering State standards for facility operations and licensing.

DMH/DD/SA currently uses several different systems for the reimbursement of services provided to clients. The Unit Cost Reimbursement (UCR) systems are maintained by the State and reside on an International Business Machine®<sup>1</sup> (IBM) mainframe. These systems are not integrated, and there is no central system for storing client eligibility information. IPRS replaces the existing UCR system with one integrated system for processing all MH/DD/SA claims. This provides DMH/DD/SA with a significantly enhanced system that includes increased flexibility to implement unique policy and payment strategies for MH/DD/SA patients in a timely and cost efficient manner. In addition, the UCR system reduces the amount of State funds required to maintain multiple claims processing systems, establishes a central repository of recipient data, allows the State to more closely monitor service delivery, eliminates potential over-billing, simplifies claim filing practices, and reduces claim's payment-cycle time.

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<sup>1</sup> IBM® is a registered Trademark of the International Business Machine Corp. All Rights Reserved.



## 2. SCOPE

IPRS includes a new and unique provider eligibility subsystem for DMH/DD/SA services and provides a method of entering provider information for the division and the pilot sites by using browser-based screens. An established process is used to determine a central provider identification number which links to the LMA assigned provider number. Provider number cross-referencing is established for providers that have more than one provider number. Specific provider information may be used to trace the provider back to the local managing agency. For maintenance of provider information, DMH/DD/SA services will also have the ability to add, suspend, cancel, terminate, modify or delete their providers. In addition, IPRS will provide a secure environment for the entry of provider data and provider information maintenance.

The IPRS project provides the DMH/DD/SA with a centralized Client Eligibility System, which will include Pioneer, Thomas S. and Willie M. clients. The information stored in this system will be used to process service claims submitted by billing providers.

The DMH/DD/SA currently uses the Pioneer Unit Cost Reimbursement System, which includes a number of interrelated and integrated policy and procedure components to assist the LMA with service delivery. Thomas S. and Willie M. clients are subsets of the pioneer population. The current Thomas S. and Willie M. systems maintain the eligibility data of each specified age disability program and level of eligibility (where appropriate) for which the client is eligible. Pioneer does not contain any client eligibility data. IPRS maintains this data, which is received directly from the LMAs and Thomas S. and Willie M. systems.

This document provides a structured examination of system parameters for Software Engineers (SE)s as defined in copybooks which identify the coding/programming behind the IPRS effort.

For those using strictly IPRS browsers, keep in mind that browser fields mirror the non-browser SE fields, and extracts data from a non-browser source (data base), making this document valuable for understanding copybook information and Data Element Definitions (DED)s (common elements for both).



### 3. ACRONYMS AND TERMS/ABBREVIATIONS

This section covers acronyms, terms, and abbreviations used throughout this document. Unique terms and abbreviations are explained within their respective section in this document. Most code and/or DED elements are not explained or covered in this section, but are covered in their respective DED section.

#### *Acronyms*

Acronym	Definition
BA	Business Analyst
CAP	Community Alternatives Program
CSR	Customer Service Request
DED	Data Element Definition(s)
DMA	Division of Medical Assistance
DMH/DD/SA	Division of Mental Health, Developmental Disabilities, and Substance Abuse
EFT	Electronic Funds Transfer
EOB	Explanation Of Benefits
IBM	International business Machines
IPRS	Integrated Payment and Reporting System
IPRS	Integrated Payment and Reporting System
LMA	Local Managing Area
MI	Mentally Incapacitated
MR	Mental Retarded
PCP	Primary Care Physician
SE	System Engineer
UCR	Unit Cost Reimbursement

#### *Terms/Abbreviations*

Term/Abbreviation	Definition



## 4. NON-BROWSER COPYBOOKS, FUNCTIONS, AND INTERFACE (SE/MAINFRAME)

These are the “behind-the-scene” SE workings.

### 4.1 Components

#### *Built Data Definition Files*

File Number	Copybook	Description
1.	HMPY4101	System Payer and Control File

#### 4.1.1 System and Payer Controls

##### *4.1.1.1 Copybook HMPY4101*

The following copybook is a condensed version. It contains all unique line items in sequential order as found in the complete copybook. To view the complete copybook, see the Compact Disk (CD), under the "Copybooks" directory, HMPY4101.doc.

```
RECORD LAYOUT DATASET : PDSRA.HMXCM.IPRSDEV.HOLD.COPY
MEMBER                : HMPY4101
```

```
----- FIELD LEVEL/NAME ----- --PICTURE--      FLD  START      END  LENGTH

(PREF) PAYC-KEY                                1      1      300    300
5 (PREF) PAYC-KEY                                GROUP    1      1      19     19
  10 (PREF) PAYC-POP-PAYER                      X (5)    2      1       5      5
  10 (PREF) PAYC-REC-TYPE                       XX       3      6       7      2
  10 (PREF) PAYC-END-DATE                       9 (8)    4      8      15      8
  10 (PREF) PAYC-REC-SUBTYPE                    X       5     16      16      1
  10 (PREF) PAYC-REC-SUBSEQ                     999     6     17      19      3
5 (PREF) PAYC-EFF-DATE                       9 (8)    7     20      27      8
5 (PREF) PAYC-INFO                          X (250)  8     28     277    250
5 (PREF) PAYC-S1-RECORD REDEFINES (PREF) PAYC-INFO
5 (PREF) PAYC-S1-RECORD                        GROUP    9     28     277    250
  10 (PREF) PAYC-SYSTEM-DEF-PAYER              X (5)   10     28      32      5
  10 (PREF) PAYC-SYS-SUSP-DAYS-RECIP           999    11     33      35      3
  10 (PREF) PAYC-SYS-SUSP-DAYS-PROV            999    12     36      38      3
  10 (PREF) PAYC-SYS-SUSP-DAYS-SERV            999    13     39      41      3
  10 (PREF) PAYC-SYSTEM-NAME                   X (50)  14     42      91     50
  10 (PREF) PAYC-SYS-DEF-PROV-FIELD            GROUP   15     92     104     13
    15 (PREF) PAYC-SYS-DEF-PROVIDER            X (8)   16     92      99      8
    15 FILLER                                X (5)   17    100     104      5
  10 (PREF) PAYC-SYS-XO-DEF-PROVIDER           GROUP   18    105     117     13
    15 (PREF) PAYC-SYS-XO-DEF-PROV            X (8)   19    105     112      8
    15 FILLER                                X (5)   20    113     117      5
  10 FILLER                                X (160) 21    118     277    160
```



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5	(PREF) PAYC-S2-RECORD REDEFINES (PREF) PAYC-INFO				
5	(PREF) PAYC-S2-RECORD	GROUP	22	28	277 250
10	(PREF) PAYC-SYSTEM-FIN-PAYER	X (5)	23	28	32 5
10	(PREF) PAYC-SYSTEM-HIER-NUMBER	999	24	33	35 3
10	FILLER	X (242)	25	36	277 242
5	(PREF) PAYC-S3-RECORD REDEFINES (PREF) PAYC-INFO				
5	(PREF) PAYC-S3-RECORD	GROUP	26	28	277 250
10	(PREF) PAYC-SYS-PAYER	X (5)	27	28	32 5
10	(PREF) PAYC-SYS-AUDIT-AGST-PAYER(1) OCCURS 10 TIMES	X (5)	28	33	37 5
10	FILLER	X (195)	29	83	277 195
5	(PREF) PAYC-P1-RECORD REDEFINES (PREF) PAYC-INFO				
5	(PREF) PAYC-P1-RECORD	GROUP	30	28	277 250
10	(PREF) PAYC-PAYER-LONG-NAME	X (35)	31	28	62 35
10	(PREF) PAYC-PAYER-SHORT-NAME	X (15)	32	63	77 15
10	(PREF) PAYC-PAYER-ACRONYM	X (5)	33	78	82 5
10	(PREF) PAYC-DATE-PAYER-EST	9 (8)	34	83	90 8
10	(PREF) PAYC-FIN-RESP-IND	X	35	91	91 1
10	(PREF) PAYC-DATE-FIN-RESP	9 (8)	36	92	99 8
10	(PREF) PAYC-FIN-RESP-PAYER	X (5)	37	100	104 5
10	(PREF) PAYC-BASE-ELIG-PAYER	X (5)	38	105	109 5
10	(PREF) PAYC-DEF-BENPKG-PAYER	X (5)	39	110	114 5
10	(PREF) PAYC-UNIQUE-EDITS-IND	X	40	115	115 1
10	(PREF) PAYC-DEF-EDITS-PAYER	X (5)	41	116	120 5
10	(PREF) PAYC-UNIQUE-AUDITS-IND	X	42	121	121 1
10	(PREF) PAYC-DEF-AUDITS-PAYER	X (5)	43	122	126 5
10	(PREF) PAYC-UNIQUE-PCODES-IND	X	44	127	127 1
10	(PREF) PAYC-DEF-PCODES-PAYER	X (5)	45	128	132 5
10	(PREF) PAYC-UNIQUE-FEE-SCH-IND	X	46	133	133 1
10	(PREF) PAYC-DEF-FEE-SCH-PAYER	X (5)	47	134	138 5
10	(PREF) PAYC-UNIQUE-ACCOMRATE-IND	X	48	139	139 1
10	(PREF) PAYC-DEF-ACCOMRATE-PAYER	X (5)	49	140	144 5
10	(PREF) PAYC-UNIQUE-MODIFIERS-IND	X	50	145	145 1
10	(PREF) PAYC-DEF-MODIFIERS-PAYER	X (5)	51	146	150 5
10	(PREF) PAYC-UNIQUE-COPAY-IND	X	52	151	151 1
10	(PREF) PAYC-DEF-COPAY-PAYER	X (5)	53	152	156 5
10	(PREF) PAYC-UNIQUE-DRG-WTS-IND	X	54	157	157 1
10	(PREF) PAYC-DEF-DRG-WTS-PAYER	X (5)	55	158	162 5
10	(PREF) PAYC-UNIQUE-EOB-IND	X	56	163	163 1
10	(PREF) PAYC-DEF-EOB-PAYER	X (5)	57	164	168 5
10	(PREF) PAYC-UNIQUE-PA-IND	X	58	169	169 1
10	(PREF) PAYC-DEF-PA-PAYER	X (5)	59	170	174 5
10	(PREF) PAYC-PA-REQ-IND	X	60	175	175 1
10	(PREF) PAYC-PA-DEF-DISPOSITION	X	61	176	176 1
10	(PREF) PAYC-PA-PROV-REQ	X	62	177	177 1
10	(PREF) PAYC-PA-RECIP-REQ	X	63	178	178 1
10	(PREF) PAYC-PA-PROC-REQ	X	64	179	179 1
10	(PREF) PAYC-PA-PROGRAM-REQ	X	65	180	180 1
10	(PREF) PAYC-PA-DOS-REQ	X	66	181	181 1
10	(PREF) PAYC-PA-REFERRAL-IND	X	67	182	182 1
10	FILLER	X (15)	68	183	197 15
10	(PREF) PAYC-AWP-PERCENT	S999V99	69	198	200 3
10	(PREF) PAYC-DRUG-DISP-FEE	S9 (5) V99	70	201	204 4
10	(PREF) PAYC-EVS-IND	X	71	205	205 1
10	(PREF) PAYC-FISCAL-AGENT-IND	X	72	206	206 1
10	(PREF) PAYC-PAPER-RA-IND	X	73	207	207 1
10	(PREF) PAYC-PAT-LIABILITY-IND	X	74	208	208 1



## System and Payer Controls - System Documentation v.1.0

10	(PREF) PAYC-EST-LIAB-PAYER	X (5)	75	209	213	5
10	(PREF) PAYC-NEXT-MEDP-RUN-DATE	9 (8)	76	214	221	8
10	(PREF) PAYC-CHECKWRITE-FREQ	99	77	222	223	2
10	(PREF) PAYC-NEXT-CHECKWRITE	9 (8)	78	224	231	8
10	(PREF) PAYC-BUDGET-IND	X	79	232	232	1
10	(PREF) PAYC-RATE-IND	X	80	233	233	1
10	(PREF) PAYC-BUDGET-SUSP-DAYS	999	81	234	236	3
10	(PREF) PAYC-LMA-IND	X	82	237	237	1
10	(PREF) PAYC-REPORT-IND	XX	83	238	239	2
10	FILLER	X (38)	84	240	277	38
5	(PREF) PAYC-P2A-RECORD REDEFINES (PREF) PAYC-INFO					
5	(PREF) PAYC-P2A-RECORD	GROUP	85	28	277	250
10	(PREF) PAYC-POP-CNTY-IND	X	86	28	28	1
10	(PREF) PAYC-POP-COUNTIES (1) OCCURS 20 TIMES					
		XXX	87	29	31	3
10	FILLER	X (189)	88	89	277	189
5	(PREF) PAYC-P2B-RECORD REDEFINES (PREF) PAYC-INFO					
5	(PREF) PAYC-P2B-RECORD	GROUP	89	28	277	250
10	(PREF) PAYC-CAT-CODE	X (4)	90	28	31	4
10	(PREF) PAYC-POP-PLAN-IND	X	91	32	32	1
10	(PREF) PAYC-POP-PLANS (1) OCCURS 10 TIMES					
		GROUP	92	33	45	13
20	(PREF) PAYC-POP-PLAN-NO (1)	X (8)	93	33	40	8
20	FILLER (1)	X (5)	94	41	45	5
10	FILLER	X (115)	95	163	277	115
5	(PREF) PAYC-P2C-RECORD REDEFINES (PREF) PAYC-INFO					
5	(PREF) PAYC-P2C-RECORD	GROUP	96	28	277	250
10	(PREF) PAYC-POP-GENDER-IND	X	97	28	28	1
10	(PREF) PAYC-POP-GENDER	X	98	29	29	1
10	(PREF) PAYC-POP-AGE-IND	X	99	30	30	1
10	(PREF) PAYC-POP-FROM-AGE	XXX	100	31	33	3
10	(PREF) PAYC-POP-TO-AGE	XXX	101	34	36	3
10	(PREF) PAYC-POP-PROG-IND	X	102	37	37	1
10	(PREF) PAYC-POP-PROG-CODES (1) OCCURS 30 TIMES					
		GROUP	103	38	42	5
15	(PREF) PAYC-POP-PROGRAM (1)	X (5)	104	38	42	5
10	FILLER	X (90)	105	188	277	90
5	(PREF) PAYC-P2D-RECORD REDEFINES (PREF) PAYC-INFO					
5	(PREF) PAYC-P2D-RECORD	GROUP	106	28	277	250
10	(PREF) PAYC-POP-CAP-IND	X	107	28	28	1
10	(PREF) PAYC-POP-CAP-CODES (1) OCCURS 20 TIMES					
		XX	108	29	30	2
10	FILLER	X (209)	109	69	277	209
5	(PREF) PAYC-P2E-RECORD REDEFINES (PREF) PAYC-INFO					
5	(PREF) PAYC-P2E-RECORD	GROUP	110	28	277	250
10	(PREF) PAYC-POP-PCP-RULES	GROUP	111	28	159	132
15	(PREF) PAYC-POP-ADMIN-ASSOC	X	112	28	28	1
15	(PREF) PAYC-POP-ADMIN-IND	X	113	29	29	1
15	(PREF) PAYC-POP-ADMIN-NOS (1) OCCURS 10 TIMES					
		GROUP	114	30	42	13
20	(PREF) PAYC-POP-ADMIN (1)	X (8)	115	30	37	8
20	FILLER (1)	X (5)	116	38	42	5
20	FILLER (10)	X (5)	116	155	159	5
10	FILLER	X (118)	117	160	277	118
5	(PREF) PAYC-P2F-RECORD REDEFINES (PREF) PAYC-INFO					
5	(PREF) PAYC-P2F-RECORD	GROUP	118	28	277	250
10	(PREF) PAYC-POP-LIV-ARR-IND	X	119	28	28	1





10	(PREF) PAYC-POP-LIV-ARRANGEMENT (1)	OCCURS 20 TIMES				
		XX	120	29	30	2
10	FILLER	X (209)	121	69	277	209
5	(PREF) PAYC-P3-RECORD REDEFINES (PREF) PAYC-INFO					
5	(PREF) PAYC-P3-RECORD	GROUP	122	28	277	250
10	(PREF) PAYC-MANAGEMENT-GRP	X (5)	123	28	32	5
10	(PREF) PAYC-GRP-HIER-NUMBER	999	124	33	35	3
10	(PREF) PAYC-MANAGEMENT-FEES-IND	X	125	36	36	1
10	(PREF) PAYC-CAPITATED-FEES-IND	X	126	37	37	1
10	(PREF) PAYC-PROV-ENROLL-REQ	X	127	38	38	1
10	(PREF) PAYC-WAY-PROV-ENROLL	X	128	39	39	1
10	FILLER	X (238)	129	40	277	238
5	(PREF) PAYC-LAST-ACTN-DTE	X (8)	130	278	285	8
5	(PREF) PAYC-CHANGED-BY	X (4)	131	286	289	4
5	(PREF) PAYC-CHANGE-MEMO	X (10)	132	290	299	10
5	FILLER	X	133	300	300	1

#### 4.1.1.2 Data Element Definitions

Data Definition File – System and Payer Control File – HMPY 4101		
Data Element/Structure	Definition/Explanation	Comments
PAYC-AWP-PERCENT	Average wholesale price percentage.	N/A for IPRS
PAYC-BASE-ELIG-PAYER	Payer that population is enrolled in.	
PAYC-BUDGET-IND	Indicates if the budget should be used as a factor in determining 'Best Payer'.	Y – Yes N – No
PAYC-BUDGET-SUSP-DAYS	The number of days to suspend the claim if budget is depleted.	0 – 999
PAYC-CAPITATED-FEES-IND	Indicates if the management group is to receive capitated fees.	Y – Yes N – No
PAYC-CAT-CODE	Four-digit plan category codes found on the managed care segment of recipient eligibility.	
PAYC-CHANGED-BY	Indicates the user ID of person performing change.	
PAYC-CHANGE-MEMO	Identifies the memo, log, letter or Customer Service Request (CSR) which generated the update.	
PAYC-CHECKWRITE-FREQ	Indicates normal frequency of checkwrite cycle.	
PAYC-DATE-FIN-RESP	If PAYC-FIN-RESP-IND = 'Y', then this is the date the population group became financially responsible.	
PAYC-DATE-PAYER-EST	Date the population group was established.	



Data Definition File – System and Payer Control File – HMPY 4101		
Data Element/Structure	Definition/Explanation	Comments
PAYC-DEF-ACCOMRATE-PAYER	Population group whose accommodation rates will be used.	
PAYC-DEF-AUDITS-PAYER	Population group whose audits will be used.	
PAYC-DEF-BENPKG-PAYER	Population group whose benefit package definitions will be used.	
PAYC-DEF-COPAY-PAYER	Population group whose Co-pay rules will be used.	
PAYC-DEF-DRG-WTS-PAYER	Population group whose drug rules will be used.	
PAYC-DEF-EDITS-PAYER	Population group whose edit rules will be used.	
PAYC-DEF-EOB-PAYER	Population group whose Explanation Of Benefits (EOB) definitions will be used.	
PAYC-DEF-FEE-SCH-PAYER	Population group whose fee schedule rates will be used.	
PAYC-DEF-MODIFIERS-PAYER	Population group whose modifier(s) definitions will be used.	
PAYC-DEF-PA-PAYER	Population group whose Prior Approval rules will be used.	
PAYC-DEF-PCODES-PAYER	Population group whose procedure codes will be used.	
PAYC-DRUG-DISP-FEE	Contains drug dispensing fee negotiated by this population group.	
PAYC-EFF-DATE	Effective date for this control table record.	CCYYMMDD format: CC – Century YY – Year MM – Month DD – Day
PAYC-END-DATE	Date the control record is end dated.	
PAYC-EST-LIAB-PAYER	Indicates payer where liability rests.	
PAYC-EVS-IND	Determines if financial payer permits enrolled providers to participate in Eligibility Verification System services.	
PAYC-FIN-RESP-IND	Indicates whether the population group is	Y – Yes



Data Definition File – System and Payer Control File – HMPY 4101		
Data Element/Structure	Definition/Explanation	Comments
	financially responsible.	N – No
PAYC-FIN-RESP-PAYER	Payer that is financially responsible for paying for services for this population group.	
PAYC-FISCAL-AGENT-IND	Determines if checks, Electronic Funds Transfer (EFT), check register processes are being handled by the system for this population group's financial payer.	Y – Yes N – No
PAYC-GRP-HIER-NUMBER	Defines order of how population groups should be charged should more than one population group be concurrent and eligible when determining 'best payer'.	
PAYC-KEY	Key to the control records on the system and payer control file.	
PAYC-LAST-ACTN-DTE	The date this control record was last maintained.	
PAYC-LMA-IND	Indicates which provider to match on when determining recipient eligibility.	B – Billing provider R – Referring provider
PAYC-MANAGEMENT-FEES-IND	Indicates if the management group is to receive management fees.	
PAYC-MANAGEMENT-GRP	Five-digit population group that is assigned to a subgroup of the population managed by this financially responsible payer.	
PAYC-NEXT-CHECKWRITE	Indicates date of next checkwrite.	This will be system generated, but may be overridden to suppress a checkwrite. Reserved for future use.
PAYC-NEXT-MEDP-RUN-DATE	Indicates when the next cycle will be run for Medical Policy for this payer.	Reserved for future use.
PAYC-P1-RECORD	Control record that contains basic data that is pertinent to the specified payer.	Redefines "PAYC-INFO".
PAYC-P2A-RECORD	Control record that contains the county's recipients must reside in if this characteristic is a defining criterion for this population group.	Redefines "PAYC-INFO".
PAYC-P2B-RECORD	Control record that contains the managed care categories a recipient must belong if this characteristic is a defining criterion for this population group.	Redefines "PAYC-INFO".
PAYC-P2C-RECORD	Control record that contains the programs, ages, genders recipient must belong if this	Redefines "PAYC-INFO".



Data Definition File – System and Payer Control File – HMPY 4101		
Data Element/Structure	Definition/Explanation	Comments
	characteristic is a defining criterion for this population group.	
PAYC-P2D-RECORD	Control record that contains the Community Alternatives Program (CAP) categories a recipient must belong if this characteristic is a defining criterion for this population group.	Redefines “PAYC-INFO”.
PAYC-P2E-RECORD	Control record that contains the Primary Care Physician (PCP) a recipient must belong if this characteristic is a defining criterion for this population group.	Redefines “PAYC-INFO”.
PAYC-P2F-RECORD	Control record that contains the plans a recipient must belong if this characteristic is a defining criterion for this population group.	Redefines “PAYC-INFO”.
PAYC-P3-RECORD	Control record that contains information for a financially responsible payer.	Redefines “PAYC-INFO”.
PAYC-PA-DEF-DISPOSITION	Will determine the action that should be taken if the required prior approval is not found or has been exceeded.	
PAYC-PA-DOS-REQ	Indicates whether the dates of service field must be entered on the Prior Approval entry screen.	Y – Yes N – No
PAYC-PAPER-RA-IND	Allows or prohibits generation of paper RAs.	
PAYC-PA-PROC-REQ	Indicates whether the procedure field must be entered on the Prior Approval entry screen.	Y – Yes N – No
PAYC-PA-PROGRAM-REQ	Indicates whether the program field must be entered on the Prior Approval entry screen.	Y – Yes N – No
PAYC-PA-PROV-REQ	Indicates whether the provider field must be entered on the Prior Approval entry screen.	Y – Yes N – No
PAYC-PA-RECIP-REQ	Indicates whether the recipient field must be entered on the Prior Approval entry screen.	Y – Yes N – No
PAYC-PA-REFERRAL-IND	Indicates whether referrals require prior approvals.	Y – Yes N – No
PAYC-PA-REQ-IND	Indicates whether prior approval is always, never, or sometimes required.	A – Always N – Never S – Sometimes
PAYC-PAT-LIABILITY-IND	Indicates whether patient liability should be considered.	Y – Yes N – No



Data Definition File – System and Payer Control File – HMPY 4101		
Data Element/Structure	Definition/Explanation	Comments
PAYC-PAYER-ACRONYM	Five-digit alphanumeric mnemonic used for population group payer.	
PAYC-PAYER-LONG-NAME	Long name of population group.	
PAYC-PAYER-SHORT-NAME	Short name of population group.	
PAYC-POP-ADMIN	Administrator Group Number that PCP must be/cannot be associated.	Occurs 10 times.
PAYC-POP-ADMIN-ASSOC	Indicates whether there is an Administrator Group Number associated with this PCP.	
PAYC-POP-ADMIN-IND	Indicates whether the Administrator Group Numbers listed are included or excluded when defining the population group.	
PAYC-POP-ADMIN-NOS	Table of Administrator Groups that PCP must be associated to identify the recipient with this population group.	Occurs 10 times.
PAYC-POP-AGE-IND	Indicates whether the ages listed in the PAYC-POP-FROM-AGE and PAYC-POP-TO-AGE are to be included or excluded when defining the population group.	
PAYC-POP-CAT-CODES	Four-digit plan category codes found on the managed care segment of recipient eligibility.	Occurs 20 times.
PAYC-POP-CAT-IND	Indicates whether the categories listed in the PAYC-POP-CAT-CODES are to be included or excluded when defining the population group.	I – Includes E – Excludes
PAYC-POP-CNTY-IND	Indicates whether the counties listed in the PAY-POP-COUNTIES are to be included or excluded when defining the population group.	I – Includes E – Excludes
PAYC-POP-COUNTIES	Three digit county codes that stand for the counties that recipients must/must not reside in to belong to this population group.	Occurs 20 times.
PAYC-POP-FROM-AGE	Minimum age for this population group.	
PAYC-POP-GENDER	The recipient's gender.	Genders are: M – Male F – Female B – Both (intersexed)
PAYC-POP-GENDER-IND	Indicates whether the categories listed in the PAYC-POP-GENDER are to be included or excluded when defining the population group.	I – Includes E – Excludes



Data Definition File – System and Payer Control File – HMPY 4101		
Data Element/Structure	Definition/Explanation	Comments
PAYC-POP-LIV-ARRANGEMENT	Two-digit code on eligibility indicating recipients living arrangement to determine if they belong to the population group.	Occurs 20 times.
PAYC-POP-LIV-ARR-IND	Indicates whether the living arrangements listed in PAYC-POP-LIV-ARRANGEMENT need to be included or excluded in the definition of the population group.	I – Includes E - Excludes
PAYC-POP-PAYER	Five-digit alphanumeric code assigned to group that is deemed responsible for the management of a particular population.	
PAYC-POP-PCP-RULES	Group of rules related to Primary Care Physician	
PAYC-POP-PLAN-IND	Indicates whether the plans listed in the PAYC-POP-PLANS need to be included or excluded when defining the population enrollment.	I – Includes E – Excludes
PAYC-POP-PLAN-NO	Individual plan number that receipt must be/cannot be enrolled in.	
PAYC-POP-PLANS	Table of plans that receipt must be/cannot be enrolled in to be identified as being part of this population group.	Occurs 10 times.
PAYC-POP-PROG-CODES	Table of programs that receipt must be/cannot be enrolled in to be identified as being part of this population group.	Occurs 30 times.
PAYC-POP-PROG-IND	Indicates whether the plans listed in the PAYC-POP-PROGRAM-CODES need to be included or excluded when defining the population enrollment.	I – Includes E – Excludes
PAYC-POP-PROGRAM	One program code in the PACY-POP-PROG-CODES table.	
PAYC-POP-TO-AGE	Maximum age for this population.	
PAYC-PROV-ENROLL-REQ	Indicates if providers must be specifically enrolled in this management group network.	Y – Yes N – No
PAYC-RATE-IND	Indicates if rates are to be considered when determining ‘best payer’.	Y – Yes N – No
PAYC-REC-SUBSEQ	Sequence number used for multiple records within each type/subtype.	
PAYC-REC-SUBTYPE	Additional breakdown of record type.	



Data Definition File – System and Payer Control File – HMPY 4101		
Data Element/Structure	Definition/Explanation	Comments
PAYC-REC-TYPE	Type of record in the file.	Sx – indicates system control record.  Px – indicates payer control record.
PAYC-REPORT-IND	Two character high-level qualifier for report names.	HM – Medicaid IP – IPRS
PAYC-S1-RECORD	‘S1’ System Control Table record containing base data pertinent to whole system.	Redefines “PAYC-INFO”.
PAYC-S2-RECORD	‘S2’ System Control Table record containing information about each financially responsible payer in system.	Redefines “PAYC-INFO”.
PAYC-S3-RECORD	‘S3’ System Control Table record containing audit rules for payers.	Redefines “PAYC-INFO”.
PAYC-SYS-AUDIT-AGST-PAYER	Population Group payer being audited against.	Occurs 10 times.
PAYC-SYS-DEF-PROVIDER	Provider which denials should be reported to when provider is not identifiable. (‘Black Hole’ provider).	
PAYC-SYS-PAYER	Population Group that needs to audit claims against payer group(s) specified in PAYC-SYS-AUDIT-AGST-PAYER.	
PAYC-SYS-SUSP-DAYS-PROV	Time (in days) to recycle claims that cannot be routed due to provider eligibility problems.	
PAYC-SYS-SUSP-DAYS-RECIP	Time (in days) to recycle claims that cannot be routed due to recipient eligibility problems.	
PAYC-SYS-SUSP-DAYS-SERV	Time (in days) to recycle claims that cannot be routed due to service not found in benefit package.	
PAYC-SYSTEM-DEF-PAYER	Financial payer that should be used when a correct payer cannot be determined.	
PAYC-SYSTEM-FIN-PAYER	Payer that is fiscally responsible for paying for services.	
PAYC-SYSTEM-HIER-NUMBER	Order in which system should identify which financial payer should pay for service first in cases where provider, recipient, and procedure are entrolled and included in more than one financial payer group.	
PAYC-SYSTEM-NAME	System name used on heading of shared reports.	
PAYC-SYS-XO-DEF-	Indicates if crossover default provider should be	



Data Definition File – System and Payer Control File – HMPY 4101		
Data Element/Structure	Definition/Explanation	Comments
PROV	used.	
PAYC-SYS-XO-DEF-PROVIDER	Indicates the defaulted crossover provider number.	
PAYC-UNIQUE-ACCOMRATE-IND	Indicates whether unique accomodation rates exist for this payer.	Y – Yes N – No
PAYC-UNIQUE-AUDITS-IND	Indicates whether unique payer audits exists.	Y – Yes N – No
PAYC-UNIQUE-COPAY-IND	Indicates whether unique Co-pay rules exist for this payer.	Y – Yes N – No
PAYC-UNIQUE-DRG-WTS-IND	Indicates whether unique drug rules exist for this payer.	N/A for IPRS
PAYC-UNIQUE-EDITS-IND	Indicates whether unique payer edits exist.	Y – Yes N – No
PAYC-UNIQUE-EOB-IND	Indicates whether unique Explanation of Benefit codes exist for this payer.	Y – Yes N – No
PAYC-UNIQUE-FEE-SCH-IND	Indicates whether unique fee schedule exists for this payer.	Y – Yes N – No
PAYC-UNIQUE-MODIFIERS-IND	Indicates whether unique modifiers exist for this payer	Y – Yes N – No
PAYC-UNIQUE-PA-IND	Indicates whether unique Prior Approval rules exist for this payer.	‘Y’ – Yes ‘N’ – No
PAYC-UNIQUE-PCODES-IND	Indicates whether unique Procedure Code Master records exist for this payer.	Y – Yes N – No
PAYC-WAY-PROV-ENROLL	Indicates way providers are entrolled in this management group network.	S – indicates system enrollment. M – indicates manual enrollment.





## DOCUMENT CHANGE LOG

Draft versions have no approval authority and may contain many iterations before approval authority.

<b>Version</b> (Major changes are new versions)	<b>Approval Date</b> (mm/dd/yy)	<b>Changed By</b> (Person who made the changes for this version)	<b>Approval</b> (Approving Authority (name) – may be “N/A”)	<b>Reason</b> (List major change reasons only)
Draft	xx/xx/xx	Russell Blackburn Jr.		Initial document creation and updates until v1.0 approval.
v1.0				